

No Date

1.2

LANDFILLS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION

Answer and Explain
as Necessary.

| | |
|---|--|
| 1. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc) | |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL | |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK | |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. WASTES SURROUNDED BY SORBENT MATERIAL | |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED | |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. EVIDENCE OF PONDING OF WATER ON SITE | |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING | |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 8. ADEQUATE LEACHATE COLLECTION SYSTEM (If "Yes", specify Type) | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <i>in question pending soil permeability info.</i> | |
| 8a. SURFACE LEACHATE SPRING | |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 9. RECORDS OF LEACHATE ANALYSIS | |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| <i>monitor wells but no data</i> | |
| 10. GAS MONITORING | |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. GROUNDWATER MONITORING WELLS | |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. ARTIFICIAL MEMBRANE LINER INSTALLED | |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 13. SPECIFIC CONTAINMENT MEASURES (Clay Bottom, Sides, etc) | |
| <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| <i>bermed but unlined area</i> | |
| 14. FIXATION (Stabilization) OF WASTE | |
| <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| <i>depends on lagoon</i> | |
| 15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY | |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 16. COVER(Type) | |
| <i>none</i> | |
| 16a. THICKNESS | |
| 16b. PERMEABILITY | |
| <i>unknown</i> | |
| 16c. DAILY APPLICATION | |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| <i>no</i> | |



SURFACE IMPOUNDMENTS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain
as Necessary.

1. TYPE OF IMPOUNDMENT

lagoon

2. STABILITY/CONDITION OF EMBANKMENTS

good

3. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc.)

☐ YES ☒ NO

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE

☐ YES ☒ NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT

☒ YES ☐ NO

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT

☒ YES ☐ NO

7. IMPOUNDMENT HAS LINER SYSTEM

☐ YES ☒ NO

7a. INTEGRITY OF LINER SYSTEM CHECKED

☐ YES ☐ NO

7b. FINDINGS

8. SOIL STRUCTURE AND SUBSTRUCTURE

loose sandy - probably high permeability

9. MONITORING WELLS

☒ YES ☐ NO

10. LENGTH, WIDTH, AND DEPTH

LENGTH *200'* WIDTH *100'* DEPTH *10'*

11. CALCULATED VOLUMETRIC CAPACITY

12. PERCENT OF CAPACITY REMAINING

50% of those in use

13. ESTIMATE FREEBOARD

5'

14. SOLIDS DEPOSITION

☒ YES ☐ NO

15. DREDGING DISPOSAL METHOD

no

16. OTHER EQUIPMENT

STORAGE FACILITIES SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain
as Necessary.

1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE

☐ YES ☒ NO

2. STORAGE AREA HAS A CONFINEMENT STRUCTURE

☒ YES ☐ NO *berm*

3. EVIDENCE OF LEAKAGE/OVERFLOW (If "Yes", document where and how much runoff is overflowing or leaking from containment)

☐ YES ☒ NO

4. ESTIMATE TYPE AND NUMBER OF BARRELS/CONTAINERS

> 5 L10 (15,000 gal ea)

5. GLASS OR PLASTIC STORAGE CONTAINERS USED

☒ YES ☐ NO

6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS

7. NOTE LABELING ON CONTAINERS

not clear or generic

8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS (If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS)

☒ YES ☐ NO

9. DIRECT VENTING OF STORAGE TANKS

☐ YES ☒ NO

10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)

☐ YES ☒ NO

11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)

☐ YES ☒ NO

12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES

☐ YES ☐ NO *undetermined*

13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS

☐ YES ☐ NO *undetermined*